215040914 62938			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2													2				
1	Total Number of Vehicles Local No./ District 65 Agency Case No. B5-0						35-00°	93172					HIT & RUI	INVESTIGATION MADE AT SCENE?			1			
A/1	Of Vehic		M / D D / Y Y Y											YES (In Mi	STATE US	YES E ONLY		NO	+'	
01	OF ACCIDENT			5/2015 S M T W TH F S TIME OF ACCIDENT 1720																
A/2	PLACE	COUNTY	,	Lancaster POLICE NOTIFIED 1722																
В	OF ACCIDENT	OF												PRIVATE		10/06/2015				
65	ROAD O		CH STREET/								PRIVATE PROPERTY? YES NO ONE-WAY YES NO STREET?				LATITUDE					
с 1	DISTANCE	FROM	INNED						HIGHWAY NO.				STREET? NO.	LONGITUE	LONGITUDE			1		
D	WILLIFC	IF AT INTERSECTION							IF NOT AT INTERS											
1	NAME OF INTERSECTING ROADWAY 21ST/K ST							○FE	EET MILES N S E W OF				NEAREST STREET, BRIDGE, RAILROAD CROSSIN				ROSSING	3		
V1/M 01									IITS, INDICATE DISTANCE FROM NEAREST TOWN									-		
V2/M	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN																			
	R. work	R1	R2	R3 R4	S PEDI	ESTRIAN	S1	S2	S3	S4	S5-a	S5-b	S6-a	s S6-b		NT INVOLVE DAMA				-
E	ZONE CODES	1			S. PEDESTRIAN CLASSIFICATION CODES 05			1	1	1	04		1	1	STATE DEPT.			OPERT	/ ?	
2									HICL	HICLE NO. 1					YES X NO					-
F	DRIVER LICENSE		NO.	H12859	585										STATE (Of License)	NE	SE		FEMALE	1
1 V1/N	DRIVER DEANT											PHONE		5-7042	(Of Licerise)	LOCAL N	D.		MALE	1
1	DRIVER ADDRI	ESS	CITY, STATE, ZIP DATE OF											V1/1						
V2/N	2600 NV OWNER	W 491	/ 49TH ST, LINCOLN, NE 68524										02/02/1982 LOCAL NO.				18			
G	DEANT		DNC)		CITY	STATE, 2	710				402		5-7042		CITATION NO.				V1/2
3			TH, I	LINCOL	N, NE 6		, SIAIE, Z	<u> </u>						PEND	ING YES	CHAHON				V1/3
Н	LICENSE PLATE	PA								(Fidite Expires)				2016		STA (Of P		NE		
1	VEHICLE		200 7	I	Ford		MODEL 5LM				oy styl door	Sed	an	color black	E	STIMATED I	DAMAG D \$	500		V1/4
1	VEHICLE ID NO. (VIN)	1FA	AHP25127G130607 INSURANCE COMPANY TRAVELERS INSUR										ISURA	JRANCE						
V2/O	TOWED TO	1				TOWED B	Y							POLICY NO						
ı								VE	HICL	E NC). 2									35
1	DRIVER LICENSE														STATE (Of License)				FEMALE MALE	
V1/P	DRIVER						PHONE									LOCAL NO.				
1 V2/P	DRIVER ADDRI	ESS	CITY, STATE, ZIP											DATE OF BIRTH (MM / DD / YYYY					V2/1	
	OWNER							PHONE						(MM / DD / YYYY		LOCAL NO.				
J	DWNER ADDRESS CITY, STATE, ZIP							ZIP					lc	CITATION	◯YES	CITATION NO.				V2/3
01															NG NO					4
V1/Q 4	LICENSE PLATE		NO.										(Pla	YEAR ate Expires)			(Of P	late)		V2/4
V2/Q	VEHICLE	YEAR			MAKE		MODEL			BOL	DY STYL	.E		COLOR		STIMATED I		E		V2/5
	VEHICLE ID NO. (VIN)		- '						INSURANC				CE COMPANY							
к 02	TOWED TO	1	TOWED BY								POLICY NO.						- V2/6			
	Complete this section for all injured persons DATE OF BIRTH									1 Seat	2	3 Body		5 ans. MF						
VEH. #	(Complete a continuation report, if more than three were in							ere ınju	,				DD / YYYY)	Position 19	Eject	Body Region		-		
0	SHRIFE L DAVIS 110 Q ST, LINCOLN, NE LOCAL NO. MEDICAL FACILITY NAME								06/29/1971 EMS SERVICE NAME					EMS RU	N REPO	_	3 1	IVI		
	NONE Lincoln Fire & Rescue																			
VEH. #	NAME ADDRESS																			
	LOCAL NO.		MEDIO	CAL FACILITY N	IAME				EMS S	SERVIC	E NAME					EMS RU	N REPO	ORT NO.		
VEH. #	NAME					ADDRESS							\top							
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN F							N REPO	ORT NO.											
			1						1							- 1				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS														
		THE FOLLOWING		N IS REQU BY DIAGRAM			S CY CASE N	O.						
			INDICATE				093172							
Indicate North by Arrow														
		N N												
								-						
	DUE T	UNDETERMINABLE O VEHICLES MOVED			<u> </u>									
	ON C	DFFICERS ARRIVAL						-						
					-									
	·		TO 20TH -		K ST	→ TO 21ST								
		Not To Scale												
no time to stop and was hit in the front drivers side corner of vehicle causing the windshield to break. The bicyclist admitted to cutting through the traffic to cross the street as traffic was backed up for red light at 21st and K. Both witnesse who were stopped for traffic observed the bicyclist to be riding against stopped traffic then swerve directly in front of vehicle #1 causing accident.														
OBJECT DAMA	GE TREK M(S	WHER NAME SHARIFE L DAVIS 1	110 Q ST, LIN	COLN, NE		PHONE NONE		\$ 150	COST OF D	AMAGE				
ORANCO OBJECT DAM/	AGED OV	VNER NAME	ADDRESS			PHONE		APPROX. (COST OF D	AMAGE				
SS TAMI C	WEITZEL-NO	DRDMAN 7626 DAP	HNE PL, LINC					PHONE 402-617-2641						
JACOE	B T BECWAR 3	3707 S. 83RD CIR, L	INCOLN, NE					PHONE 402-890-1903						
BEFOR	E MOVEMENT E COLLISION ROAD OR	POINT OF IMPA	ED AREA	AIRBAG DI VEHIO	LE 1	RESTRAINT USE VEHICLE 1	TOT/ OCCUP		2 V	EH 2				
VEH NO. N S E W 1 X	K ST	(Enter numbers for VEHICLE 1	VEHICLE 2	- 4	5	- 2	ALCOHO	NG No. 1	Driver No. 2	Pedes- trian				
2		IMPACT UI	OINT OF IMPACT MOST	1 Deployed - fr 2 Deployed - s	ed - front	1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used	LEVEL TESTE BAC LEV	D N X	N	N X				
1 01	06 Turning left 07 Making U-turn 08 Entering traffic lane	DAMAGED 01 DAMAGEA	AMAGED AREA	3 Deployed - b4 Not deployed5 Not applicabNo airbag av	oth front/side I le/	4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used	ALC	OHOL/ RUGS	Driver No. 1	Driver No. 2				
04 Overtaking/ Passing 05 Turning right	09 Leaving d traffic lane 10 Parked nes 11 Slowing or stopped in traffi 12 Other	09 Top & windows — 10 Undercarriage 01 — 11 Total (all areas) — 12 Other 08	05 05 06	6 Unknown VEHICL		8 Costume helmet used 9 Restraint use unknown VEHICLE 2	1 Neith 2 Yes - 3 Yes - 4 Yes -	SUSPECTED 1 Neither alcohol no 2 Yes - alcohol susp 3 Yes - drugs suspe 4 Yes - alcohol & dr 5 Unknown		cted				
OFFICER NO.		TROOP/ TEAM/ BEAT SW	Linco	nt		Photographs YES taken? NO								
Jeffrey U	NAME (Print or Type) Jrkevich		Approved by		DATE OF 10/06/2015									